KANSAS MEDICAL JOURNAL.

VOL. VII. TOPEKA, KANSAS, SATURDAY, AUGUST 10, 1895. No. 32.

MISCELLANEOUS.

Practical Points as to the Attention to the Child at Birth.

BY M. R. MITCHELL, A.B., M.D.

Prosessor of Obstetrics, Kansas Medical College.

Read by Title before the State Society, May, 1895.

The medical profession, more than all other crafts, must have men with Argus eyes, Protean adaptability and adroit tactics. However skillful in other respects they may be, the neglect, incompleteness or failure in the minor details of their work sometimes foil their efforts, bringing disappointment to their hopes and sadness to their patients.

In looking about for a theme which might be developed into a short paper to be presented to this society, it occurred to me that the toleration of the members may be attained for a brief period, while I may presume to disturb the monotony of our exercises involving a presentation of the numerous forms of intra-pelvic inflammations, the long list of feminine mutilations on account of the supposed fibro-cystic degenerated ovaries, the many astonishingly successful hysterectomies, or perhaps, "a hundred laparotomies without a death."

Therefore, I ask your indulgence while calling your attention to a few practical points pertaining to the child at birth. I do not promise you anything new along this line. But it has appeared to me that the prompt, minute, personal attention and tact demanded in such cases, and the dangers from mismanagement or neglect in the least particular, are not sufficiently appreciated by the average obstetrician. Again in some important points in regard to the care of these cases, there appears to be radically different methods and ideas advised and practiced. These facts would appear to justify an attempt to elicit our consideration of the minor details of such methods of care as are most conducive to the security of health and life to the new being just appearing in the world. The transition of the new life from the intra-uterine to the extra-uterine existence involves an ordeal of physical changes in function, and rapid development, which are necessarily fraught with special danger, and place a life in jeopardy. The newly born then is in a condition of extreme frailty, and this fact should give the greatest concern, justify the wisest counsel, and demand the most accurate judgment and skill of the physician. Early infantile mortality is alarming.

Dr. Jacobi claims that of those who die before five years of age more than one-half die before the end of the first year.

Curtis says that out of every one hundred children born alive in our North American cities about twenty-five die before the end of the first year. Of course much of this fatality is caused by disease generated months after birth, and a portion on account of a certain small percentage of infants born with vices of formation or with imperfect development. But I am persuaded that no small proportion is traceable to defective attention while under the supervision of the obstetrician. The fact of such high rate of early mortality forces itself upon our attention and demands our earnest consideration as to the causes which give rise to it. Can this mortality be reduced by such early attention as is most likely to secure to the new being a good start in life? is a practical question with which we have to deal.

The first act of the child is to inspire. The pulmonary arteries are distended, the blood rushes in to meet the air in the suddenly opened vesicles. The whole circulation is altered. Thrombi form in the arterial and venous ducts, also in the umbilical vein and arteries.

A condition at the time of birth which occasionally taxes our skill and judgment is that known by the appellation of "apparent death," or "asphyxia neonatorum," which is caused by a hindrance to the oxygenation of the fœtal blood on account of compression during protracted labor, or of obstruction of the respiratory passage after birth. Here it may be well to call to mind the respiratory function of the fœtus before birth, and of the modified form after birth, which depend upon the normal condition of the medulla oblongata as the nerve center or motive power of the respiratory action. Marshall Hall endeavored to prove, experimentally, that the first inspiration is the result of reflex action produced by the exciting influence of the external air upon the surface of the body, and especially of the tri-facial, and that the continuance of respiration is due to the irritation of the pneumogastric nerve branches by the contact of the air introduced into the lungs. There may be, during labor, suspension of the placental respiration by compression of the cord or of the brain, by premature separation of the placenta, by rapid retraction of the uterus in delivery by the breech rendering the uterine vessels impermeable to blood. Again, if the child is born, there may be accumulation of mucus or blood in the nose and mouth. These causes produce non-oxygenated blood, wholly or partially paralyzing the brain, and producing temporary or permanent asphyxia.

Asphyxia presents two degrees of severity. The blue asphyxia, in which the pulse is slow and full, the surface cyanotic, the muscles more or less rigid; the pale asphyxia, in which the pulse is quick and very weak, the muscles soft and flabby, the surface pale and anæmic.

In many of these cases prompt and skillful attention may save a life from death, and on the other hand, neglect or unskillful attention may occasion a death.

The treatment may be prophylactic and curative. The prophylactic consists of frequent investigation as to the condition of the fœtal circulation, and the use of such means as are proper to relieve dangerous compression, and perhaps artificial delivery with forceps or version. As to the curative treatment, or resuscitation, it constitutes such means as will excite normal respiration. Clean out the mouth and fauces by removing obstructions.

In the blue asphyxia, cutting the cord without tying, thus bleeding the child, will often start the respiratory action. Alternation of hot and cold water to the surface, acting on the superficial nerves, sometimes is effectual. Rosenthal's method, especially in pale asphyxia, is suspension of the child by the legs with head downward; this may facilitate the discharge of inspired amniotic or other liquids from the nose, mouth, trachea and bronchial tubes, and may overcome cerebral anæmia.

In this form of pale asphyxia, following severe and protracted labor, there is often hemorrhage in the viscera of the head or chest. In these instances there is only temporary relief. The child may lie comatous, affecting a moan at every breath, and die in a few hours.

Methods of artificial respiration, such as Reynolds', Sylvester's and others, are intended to produce alternate contraction and expansion of the chest walls, and are sometimes effectual.

Bernheim refers to a method suggested by Laborde, which, when other efforts fail, may be successful. It consists in drawing forward the tongue with regular rythmic intermissions. Bernheim attributes the action to reflex irritation referred to the respiratory center through motions at the base of the tongue.

It is an important fact that whatever method or effort is employed, perseverance, and yet very gentle handling must be used so that we may not still more exhaust the condition of the child.

Septic infection of the infant at birth is a

quite frequent source of danger. Sepsis of various forms may find ready lodgement in the eyes, mouth, umbilicus, or in the vagina of the female.

This fact quite readily suggests the sources of infection, namely, the uncleansed vaginal canal of the mother, and the vernix caseosa unremoved from these parts of the child, and which become a source of local irritation and a fruitful field for the cultivation of microbes. Hence the necestity of an antiseptic washing of the vaginal canal before labor, and a thorough cleansing of the babe by previous inunction with olive oil and then washing with pure, warm, soft water and soap in a room with a temperature of 95° to 100° F. The eyes should be carefully cleansed with a warm solution of boracic acid. The umbilicus should be dressed with a dry dressing of some antiseptic powder and absorbent cotton. The mouth should be cleansed with a solution of boracic acid. After washing the child the surface should be anointed with some antiseptic ointment; for instance, oil of eucalyptus ℥i to ℥i of vaseline.

These precautions will cause to be avoided many of those troublesome affections of early infantile life, namely, ophthalmia, stomatitis and dermatitis.

The plan suggested and adopted by some physicians of simply using an inunction and wiping the surface of the child, without washing, for hours, or perhaps a day or two, is reprehensible and liable to be pernicious in its results.

The question of primary nutrition is of supreme importance, and specific precautionary direction and supervision should not be omitted in the program of duties imposed upon the obstetrician.

We should bear in mind the immature and feeble digestive apparatus at birth. The stomach is proportionally small, ordinarily of a capacity of one ounce, less elongated and more nearly vertical in position than afterwards, hence predisposed to emesis. According to Jacobi, the muscular coating and glandular structures of the intestinal canal are often imperfectly developed in the child at birth, hence the ready production of constipation and colic.

Perhaps there are no more frequent causes of disease and death in early infant life than improper or excessive feeding during the first few days of its life.

The frequent troublesome regurgitations, although sometimes considered innocent, are simply an admonition of the little organism against infringement by excessive feeding. One of the principle causes of sprue, aphthous patches, or a development of vegetable life in the mucous membrane of the mouth, is that of dirty bottles, fermented milk or other improper food.

When the function of lactation is normal this will be preferable and generally sufficient from the first, and all artificial foods should be withheld. The problem of artificially feeding the newly-born infant when deprived from any cause of its natural and best food, is too important a subject to be discussed in this paper. But I may say that cow's milk so modified as to most nearly approximate the human mother's milk, is by far preferable to anything else. The quantity cannot be regulated by rule. One infant will require more than another.

A very important point is the regularity as to time. This being observed the infant is not nearly so likely to take too much food.

Another important matter in relation to the comfort and health of the infant is that of dress. This should always consist of soft and warm texture. Proper attention to secure warmth to the extremities of the infant is often overlooked, and such neglect is a fruitful source of intestinal colic and early catarrhal troubles of the respiratory organs. The clothing should be so adjusted as not to produce undue compression of the lungs and bowels. Too much compression of these organs may very seriously interfere with the vital functions of digestion and respiration.

WANTED.—A set of Reference Hand Book. Any one having a set and wishing to dispose of it, address this office.

"Some Medical Wants That Should Be Supplied."

By L. L. AMES, M.D., Richland.

Under the above heading, Dr. Joseph Haigh writes an article in The Kansas Medical Journal July 20 which is entirely out of joint, and he advocates principles which are contrary to our free American institutions; especially is it contrary to the free, wide-open principles of Kansas as advocated by our most wise(?) legislators. Now, here is what we would like:

We would like to see all foolish twaddle about medical requirements stricken from our statutes. Haven't our legislators put themselves on record as saying "they did not believe in legislating in behalf of '*silk hat* doctors;' old women were good enough for them."

They do not have to have any qualifications, either principles or brains, to become legislators for the great State of Kansas. If they are successful and raise a large number of shoats, and know enough to pour swill into a hogpen, they may become law-makers for Kansas; therefore, why should we physicians wish or expect any requirements in taking members into our ranks.

We believe every country cross-road should have a medical college. Candidates for admission should be required to write their own name in full. The curriculum should be arranged with special reference to the country's poor, so that little energy will be required to slide through. Thorough knowledge of the principles of medicine should not be required. Candidates for graduation should be required to matriculate and attend two full courses of at least six weeks each.

By carefully pursuing the above principles we can swell our meager ranks with a class of men that will be an honor to a *learned* profession.

We should like to have the pharmacy law amended so no physician could put up his own medicine. Every doctor should be compelled to write prescriptions subject to substitution, if the druggist in his wisdom deems it best and easiest to do so. It would be well for pharmacists always to comment to the patients on the fitness of the prescription, and suggest how they would have done it. Under all circumstances they should be consulted first, so they may be able to prescribe, or recommend, some valuable(?) patent medicine. We would not have a druggist's right or ability to practice medicine questioned.

We would like to see every doctor, when called to attend a case of labor, take his pockets full of newspapers; when he arrives at the bedside he should look very wise and tell the patient to "let nature take its course," go into an adjoining room and read his papers and take a nap. He should appear at the bedside as often as every three or four hours, rub his hands together and say, "Let nature take its course." It is *so* consoling and comforting to the poor, tired patient.

In fifteen or twenty-four hours, if "nature should take its course," the doctor should send for assistance and perform that most wonderful operation, putting on of forceps.

I would like to see such doctors pocket large fees, their services have been so valuable to the patient.

Such wise management of labor will aid greatly in preventing trouble which will require the assistance of the gynecologist. The sooner this is well understood the better.

We would like to see heavy fines imposed on doctors who so far forget the nature of their calling as to show sympathy for nervous patients. Women have no business to have so delicate an organization and so great development of the emotional system as to render them an easy prey to that peculiar nervous phenomena called hysteria, and the physician who so far forgets himself and the stern requirements of his profession as to strive to gain the confidence and respect of his patient by gentleness and sympathy, should be deemed guilty of a misdemeanor and fined and imprisoned.

We would like to see every physician who is so immodest as to have his diploma framed and in his office branded as a crank

and an egotist, because it is so extremely immodest and is so lacerating to the feelings of those *very* modest gentry who are in practice without diplomas. We should be extremely careful in our treatment of those gentlemen, their feelings are easily hurt.

The above are some of the things we would like to see brought to pass, and if they could, the profession would have attained an eminence upon which they could stand and look back upon the dark and tangled paths through which they have wended their way onward and upward, they could look forward to a clean and easy path strewn with flowers.

Medical Septicemia.

American Medico-Surgical Bulletin.

Under this head the writer has designated a group of cases which are not due to traumatism or the surgical manner of infection, but prefixed the term "medical" to indicate that the origin of the infection is non-surgical; for the management of this class of cases belongs to the care of the physician rather than to the surgeon.

These cases constitute numerous febrile processes which we meet with clinically, and for the occurrence of which we cannot assign any positive cause. These febrile affections are found more commonly in children than in adults. The writer thinks he is not asserting too much when he says there yet remains a great group of undifferentiated fevers, which, owing to their specific causes being unknown, and also because they give evidence of no marked clinical peculiarities, we are unable to classify. These febrile processes include such fevers as the exanthemata, influenza, etc., but besides these there are many cases which by their clinical features and behavior cannot be classified or made to fit into any of the special classes.

It is these anomalous, undifferentiated fevers he desires to class under some generic term, and that is septicemia. Septicemia is to mean all processes caused by micro-organisms existing within the body, which are not of a definite type to allow a differential diagnosis of the case being made by its clinical signs. He says scarlet fever would not be considered a septicemia, because the particular germ which causes it, although not yet isolated, produces such manifestations as to allow the disease to be clinically recognized and differentiated. Fevers whose origin is toxic, as distinguished from infectious, must be excluded from these septicemias.

Among the cases cited is one of a girl, 17 months old, taken with diarrhea of the dysenteric type, free from odor and continuing so throughout the disease. Temperature exceedingly irregular, not over 103° until last day; pulse regular but rapid; respiration irregular; marked insomnia.

Laxatives failed to remove any material that might have started the trouble. Change of diet had no effect. The child became worse and at end of ten days died. The cause of the dysentery was not due to any mechanical condition; nor secondary to disorder originating in bowel contents. It was more a sympton of the general febrile process, and of more importance in itself than any of the other symptoms.

He says it is not sufficient to call a case like this dysentery, but a cause for the trouble should be sought for and, failing to find a positive cause, it should be put down in the class of anomalous undifferentiated fevers, or septicemias.

During the spring of 1894 in Chicago there prevailed among the children, says the writer, a peculiar fever which he could not associate with any of the known pyrexias, but individually the cases resembled one another and therefore appeared to be due to a common cause. These cases began with laryngismus stridulus as the first symptom, then followed by fever from three to four days' duration, accompanied by some slight bronchitis and mild diarrhea, stools containing undigested food. The diarrhea was evidently secondary, and did not cause symptoms. Some of the cases took a new start after three or four days, and two or three relapses would occur. None of the children were very sick, all improving under the use of sodium salicylate, other modes of treatment failing. He also found it not uncommon to see cases running over periods of a month or so; they were all one like the other, but not like anything else. Such cases he does not name, but believes it better to put them under a name sufficiently comprehensive to include them all, using a term like "medical septicemia."

Kansas Medical Journal.

PUBLISHED WEEKLY

BY THE MEDICAL PUBLISHING COMPANY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

KANSAS MEDICAL JOURNAL,
631 Kansas Avenue.

W. E. McVEY, B.S., M.D., EDITOR.

COLLABORATORS:

J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.
W. S. LINDSAY, M.D., Topeka, Kas.
GEORGE EMERSON, M.D., Winfield, Kas.

Topeka, Kansas, Saturday, Aug. 10, 1895.

Medical Literature.

Too much of the current medical literature and too many of the standard text-books of the day are made up of the results of hospital experience. Those who benefit or who should benefit most by the writings of others, are the country practitioners—those slaves of the people who are expected to know all and do all things. An article on the management of 300 cases of pneumonia in some large hospital gives the country practitioner something to think about, but it don't help him treat his case down on the river bank in a little one-room cabin with one door and no window. He has so much more to take into consideration. He knows that his patient's diet must depend altogether upon what he can get; he knows that Dame Nature will be his nurse, and if his patient has any attention at all, it will be at such intervals as the poor man's wife can get away from her work. It is useless to tell the practitioner who has such cases as this to treat, that in 1,000 cases treated with veratrum viride you had 70 per cent. of recoveries; or that in 15,000 cases treated with strychnia you had 80 per cent. of recoveries. More than likely he could reply that he treats every case according to what he considers the indication and that his percentage of recoveries is 90 or 100 per cent.

The practice of medicine is, to a very great extent empirical, and the tendency of much of our current literature is to increase empiricism rather than to diminish it.

If those men who have the advantages of large hospitals where systematic methods of treatment can be carried out upon large numbers of cases, would study more carefully the physiological action, and would embody in their reports a carefully prepared and scientific resume of the definite results obtained in each case, the benefits would be greater and the appreciation more marked.

The country practitioner is a student from necessity, but he studies each case as an individual one. He has neither the opportunity nor the courage to follow a single line of treatment through a large number of cases, but he succeeds; and his success, if it be brought to the eyes of his city brothers, is often astonishing.

THE Kansas Medical College is one among the very few requiring a four years' course. We commend the courage and enterprise of a faculty which is willing to sacrifice in numbers in order that it may excel in quality.

DR. FLAVEL B. TIFFANY, of Kansas City, is publishing a journal for the oculist and aurist. The doctor has also in preparation a new text-book on diseases of the eye.

WE have a Yale Chair in first class condition, for sale.

Treatment of Asiatic Cholera

Elmer Lee, A.M., M.D., Ph.B., in Journal of the American Medical Association.

Spasmodic cholera—called also malignant, epidemic, Asiatic, Indian, blue, and pestilential cholera — is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhea; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhea; the discharges at first feculent, but soon presenting the appearance of rice-water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about to operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power, and nervous agitation; cramps in the legs, arms, loins and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent desire for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days; and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes, rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features are sharp and contracted; the expression of the countenance wild and confused. The face, extremities, and often the whole surface of the body manifest a varying intensity of a leaden, bluish or purplish hue; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arm, axilla, temple or neck; there is great restlessness, incessant jactitation, severe pain in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at short intervals, or a constant tremor exists. The secretions of bile, saliva, tears and urine are entirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last.

Some of the symptoms may be disproportionately severe, or may be entirely absent. Those usually regarded as pathognomonic are: watery dejections, blue appearance of the countenance or surface, thirst, coldness of the tongue, and pulselessness at the wrist.

The foregoing description of the symptoms of cholera is indicative of the nature of the disease calling for human aid. The time in which to treat the patient sick with cholera is exceedingly limited. What is to be done must be executed with rapidity. There is not a moment to lose between the time when the patient is first seen and the accomplishment of severely practical efforts. Many wise theories may be promulgated, but there are few practical measures that will avail against Asiatic cholera. The experiences during the cholera epidemic of 1892 in Europe, both in Russia and Germany, produced in me a profound conviction that, for the most part, remedial agencies that have been used are of questionable utility. Nearly every prominent remedy proposed and tried has been found to end in greater or less disappointment. Years ago great reliance was placed upon the far-famed "mild chlorid of mercury." Twenty and ten years ago this remedy was given in large doses. Three years ago, during the latest epidemic, small doses prevailed. Next to this, synthetic drug salol, the product of the laboratory of the Imperial Institute of Experimental Medicine in St. Petersburg, was the most widely used and the most favorably received. Professor Nenski, the originator of salol, personally informed me that the value of the drug could not be seriously recommended as of much importance, but

that it perhaps answered the requirements as far as any drug could answer, in the hands of his colleagues. Widely circulated and various reports, enthusiastically commending and moderately commending this remedy were received by the Professor in St. Petersburg, but he himself was silent as to its efficacy. The far-famed and seemingly unmatched drug, quinin, has been used, and has been held as a dazzling gem before the eyes of the profession by some of our best men, who believe that cholera is analogous to malarial disorders, and consequently the medicine which occupies the position of keystone in the arch, for malarial treatment, is a remedy suitable to contend with the rapid and desperate symptoms of Asiatic cholera. Quinin has a stout advocate in our own country, in the person of a well-known professor in one of the Ohio medical colleges. It was not used, to my knowledge, in the treatment of cholera during the last epidemic in Europe.

A remedy was brought to Hamburg during the latter part of the epidemic of 1892 by the representative of an English syndicate, who posed as a chemist, not a physician. His remedy was a preparation of iodin, to be administered through the mouth. He called the medicine a periodate, and made some experiments upon patients in one of the cholera hospitals in Hamburg. His remedy, however, was not favorably entertained by the medical authorities in charge of the cholera patients, and whatever claims were reported came through the interest of a friendly correspondent of one of the Hamburg weekly secular papers. To show how misleading some of our supposedly authentic information often is, it is only necessary for me to refer to the report given in the "Year Book of Medical Progress," published in Philadelphia. Of all the progress made, of all the combined investigations during the entire epidemic of cholera througnout Europe in 1892, and there was an immense amount of original investigation and great effort made to discover a remedy, the curious spectacle of the Year Book, which alone refers to the remedies brought by an agent of a syndicate from London to Hamburg, at the closing of the epidemic of cholera, shows that there are some things in our profoundest medical publications that are to be taken *cum grano salis*. Uretin was extensively used hypodermically for its alleged influence upon the secretions of the kidneys, upon the ground that the kidneys were to be aided by irritating them to greater functional activity to eliminate morbid elements through the urine. The result of many investigations recorded in Russian practice show that this drug is not to be commended. Digitalis was used, supposedly to benefit a weak heart. This remedy, if at all useful, could be little more than palliative. The use of acidulated water was extensively employed in different hospitals in Europe as a drink, but not prescribed as a remedy. The water was acidulated with HCl and H_2SO_4. Subcutaneous injections of salt water were made. The proportion of salt was one-half of 1 per cent., and the amount of salt water injected subcutaneously was sometimes as much as a quart at a single injection. In one instance, during an illness of several days, as much as thirteen quarts was subcutaneously injected into cellular tissue, principally that of the abdominal wall. This process of subcutaneous injection was known as hypodermaclysis. The purpose of the hypodermaclysis was to maintain the volume of the blood. The diminished volume of the blood is directly the result of the waste of its liquid portion or serum into the alimentary canal. In this serous discharge, flakes of intestinal mucous gave the name of "rice-water discharges" to the bowel evacuations, the particles having a resemblance to grains of rice. The general inflammatory state of the intestinal mucous membrane, throughout its entirety, drains the blood of its liquid portion rapidly, and collapse due to stagnation of circulation quickly ensues.

The remedies mentioned are only a portion of those tried, but there is no living advocate who to-day can point with unerring certainty to one single organic or inorganic substance, howsoever administered, that can be safely depended upon in the treatment of Asiatic cholera. Both botany and mineral-

ogy have been searched in vain for a cure for this disease.

The cause of this disease is perhaps accurately stated to be due to invasion of the blood, and, secondarily, of all the tissues of the living organism, by toxins or ptomaines, which originate in the upper portion of the small intestine at the early stages of cholera. These products of organic activity, whether of animal or vegetable organisms it is here unnecessary to debate; but these noxious products enter the circulation through the villi of the intestine and rapidly and desperately poison the blood. It is clearly proved that the disease is the result of general blood poisoning from an intestinal origin. Whatever the chemic nature of the poison may be found to be, may be safely left to the bacteriologic laboratory. The practical and intensely important part that remains for physicians seeking to cure patients in times of this disease is to realize how much, as well as how little, it is within human power to do. The human organism is prostrated by a fierce and deadly poison. This poison is in the blood and in the cells of the tissues, and its work of destruction is quickly and effectually accomplished. Reflectively, to say nothing of experimental research, it would seem to me that the rational and only course that could be advocated with scientific assurane of relief is to, as far as possible, literally cause to be removed these products which are death-dealing to the body in which they happen to be found. Now, in this same reflective mood, think for a moment and try with me to determine whether it is possible in such conditions as produce the symptoms of Asiatic cholera, it is safer to introduce other poisonous products to neutralize the noxious elements in the blood and cells, or whether it is a better process to, without the introduction of additional foreign substances, remove what we already find in the blood. To make this proposition clearer, it could be stated in another way, namely, the body is already bearing a crushing burden; shall we add other foreign substances as an additional burden to the load already carried? The principle is the principle of allopathy, but in the light of facts is it a safe principle to follow? It is reasonably scientific to produce in the laboratory, definite results in vessels of glass by the use of fixed reagents; in the organic laboratory of the living body no such definite results can be demonstrated. The vital principle is an entity which enters into the formula and may be represented by the unknown quantity x in algebraic equations. Great and laudable efforts have been made to prevent as well as to cure this disease by inoculation.

Ferran, of Valencia, Spain, thrilled the world ten years ago with his proposition of a universal cure for this disease. His glory was then at its zenith. His fame has long since faded. So obnoxious became his proposition to the government of Spain that laws were adopted to suppress Ferran's cholera inoculations.

A worthy colleague and laborious investigator, Professor Haffkin, of Pasteur Laboratory fame, proposed a modified inoculation for the prevention and cure of cholera in 1892. A reporter of the New York *Herald* was inoculated at the Pasteur Institute, and with credentials sent to expose himself to Asiatic cholera at Hamburg in September, 1892. The same reporter had been similarly inoculated by Ferran in 1886 and had the courage to make further exploits in behalf of his newspaper at Hamburg. A very widespread opinion prevails in America that the exploit of the New York *Herald* reporter during the ten days' stay as a nurse in the Hamburg hospital, constitutes a proof of the validity of Haffkin's claim, but the scientific world of Europe knows differently. *En passant*, it may be interesting to state at this place that further experiments have been made by Professor Haffkin in India with the cholera inoculations and, unfortunately for the proposition, reports have recently come to me from reliable medical sources, that a greater percentage are attacked with cholera who have been previously inoculated than of those who have not been inoculated. . . .

The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the

cholera epidemic in Europe of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-pervading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with this pestilential disease of the human race, is nothing more and nathing less than the uumatched, unmatchable H_2O. Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it is assisted by H_2O, every morbid element may be eliminated out of its domain. The acutely poisoned body quickly recovers its equilibrium and its harmony of action as soon as the processes of elimination can remove the invading poison. In the construction of the mucous lining of all the accessible cavities and channels it is prepared by an undiscernible law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products as well as organic forms of life, out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. That is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as from the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, is literally deluged away from the alimentary canal by the copious use of a remedy that cannot be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little. From the earliest moment that the patient is seen, the propositions should be, first, wash the whole alimentary canal with pure water; wash the lower portion by introducing irrigations of warm soapsuds or merely warm water into the colon sufficiently frequently and sufficient in quantity to clense that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time from one to ten quarts of warm pure water mildly medicated with peroxide of hydrogen hydrozone should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient vomits, very well. Immediately re-introduce the quantity of water that was vomited. No harm can be done in any case, and if is possible to save life it is possible to save it through this method. It is quickest and the surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.

The precise details of the method of treatment indicated at this time will be forthcoming in a subsequent paper.

AT the next meeting of the Topeka Academy of Medicine and Surgery the question of its further usefulness will be discussed. It is unfortunate that this society, which has been so long in the field, should show signs of decay. It has been starved from neglect. Many physicians in Topeka who owe a great deal to the influence of this society have done very little toward its support. It has been a credit to the local profession and it can be now if we all work together for that end.

Medical Society.

In response to invitations sent out some time ago, a number of physicians met in Dr. McCrea's office, in Winchester, Kas., Thursday evening, August 1, to organize a County Medical Society.

The meeting was called to order and Dr. Wilson, of Nortonville, choser chairman. The object of the meeting was stated, and the following motions carried:

That we organize a society to be known as the Jefferson County Medical Society.

That the officers shall consist of President, Vice-President, Secretary and Treasurer, the term of office to continue one year, and until successor is elected.

That we proceed to the election of officers. Officers elected:

President, D. D. Wilson, M.D., Nortonville.

Vice-President, D. Y. Graham, M.D., Nortonville.

Secretary, Maggie L. McCrea, M.D., Winchester.

Treasurer, E. W. Minney, M.D., McLouth.

A committee was appointed on constitution and by-laws, consisting of the President, Vice-President and Secretary.

The meeting was characterized by the most cordial unanimity, and an enthusiastic determination to forward the interests of medical science in Jefferson county.

After the election of officers, Dr. Graham reported a case of diphtheria. This was followed by a very interesting discussion on salpingitis, introduced by Dr. McCrea, and participated in by a majority of those present.

The program for next meeting will consist of President's address; a paper on "Iritis" by Dr. Minney, of McLouth; a paper on "Diphtheria," by Dr. Graham, of Nortonville.

Adjourned to meet in Valley Falls, Tuesday, September 3, at 8 P.M.

MAGGIE L. MCCREA, M.D.,
Secretary.

Medical Courtesy.

The Medical Age.

One of our eclectic contemporaries, under the caption "False Pretension of Allopaths," takes exception to recent utterances by the President of the Minnesota State Medical Society and the *Philadelphia Polyclinic*, because of the employment of the adjective "irregular." It is taken for granted apparently that the term is intended to apply exclusively to so-called "eclectics" and "homeopaths," chiefly the former—an assumption which, it is perhaps needless to remark, is in great degree gratuitous.

Candidly, at this period of the world's history and the advanced status of education, we see no occasion for invidious doctrinal and class distinctions among upright and conscientious practitioners of medicine. There are many in both eclectic and homeopathic ranks just as capable, intelligent and advanced as the best; there are homeopathic schools that, in the character of instruction given and the general facilities afforded for thorough medical education, are unsurpassed by any medical institution on the continent of America; likewise eclectic institutions equally as effective. In spite of the captious jealousies and the dissensions constantly being sowed by "small souls," medical science is too broad and of too great moment to be hampered by petty quarrels over matters that are, at best, of no special import, arising as they do from personal belief and individual conscience. We believe the profession at large is willing to accord the title of "regular" to any individual who seeks to deserve the same and has received a thorough medical education; perfect professional affiliation has already been granted in a vast number of instances. But!—Just so long as the upholders of two branches of medicine insist upon their own sectarianism by means of the words "eclectic" and "homeopath," and, so to speak, "trade" upon these titles; and just so long as they insist upon applying to other medical men the term "allopath"—a word coined by the "homeopaths" and adopted by the "eclec-

tics" as a term of reproach and revilement—just so long they will foster dogmatism, intolerance, a non-scientific spirit, and clog the wheels of medical progress. *Per contra*, the medical profession at large applies no titles to these two branches which they have not themselves adopted or to a certain extent justified by their own enunciation as a class distinction.

However suitable "eclectic" and "homeopath" may have been in the early evolution of these branches of medicine, the fact now remains that both are equally as great misfits as the term "allopath;" that neither "homeopaths" nor "eclectics" deal with medicine as an entity, or admit the scientific axiom that "the whole is greater than any of its parts."

In cannot be denied that the "regulars" are likewise to blame in that the more narrow-minded ignore that charity which should be given to all, and foster differences in the vilest spirit of trade-unionism. At the same time, if "homeopaths" and "eclectics" will insist upon a trademark medicine, and the misuse of the term "allopath," just so long these exclusives court from the rest of the medical profession the same scant courtesy which they themselves afford; but should they choose to drop the trademark and enroll themselves simply as practitioners and exponents of medicine, the limit of recognition and affiliation must be measured by honor, honesty, and truth. The Episcopalian does not deny affiliation because of individual belief in matters of faith, neither does the Presbyterian pass his time abusing the creed of the Congregationalist, but in all denominations matters of creed are swept aside and forgotten under the broad designation of Christianity. So, too, the creed of "homeopaths," "eclectics" or "regulars" may and should be sunk in the interests of medicine as a whole, and of making it a scientific calling purely. It certainly is not incumbent upon any medical man to enter upon a warfare of abuse, crimination and insult against those who chance to differ from him in matters of belief and conscience; it is demanded by the very nature of his calling that he minister to the best of his individual ability to the needs of the ill and afflicted, and at the same time sink all personalities for the benefit of humanity at large.

Finally, we have not the slightest sympathy with any individual, regardless of professional affiliations, who insists upon so to speak, carrying a "chip on his shoulder," nor with him who constantly prates and howls for courtesy and recognition which he is not himself equally willing to extend to others. We are, however, glad to believe that these faults are more in the seeming than in reality, for the instances are by no means isolated wherein "eclectics" and "homœopaths" have sought a recognition by "regulars" which has been heartily accorded. As one of the "regular" profession, the editor of this journal fails to discern any valid reason why a *gentleman*—in the fullest acceptance of the term—should not affiliate socially and professionally with any other gentleman, or why a sound medical education should not be recognized regardless of the source whence it has been obtained. The whole question resolves itself merely into the dropping of the misfit and trade-union titles, thereby sinking dogmas and isms and burying puerile disputes and quarrels that are beneath the consideration of any devotee of science. Captious fault-finding, backbiting and reviling tend neither to conversion or to the healing of any breach that arises; especially it does not in the least tend to uplift the dignity of the profession. It is a simple matter of justice, universal in application, that all who carry on their profession to the fullest extent in the interest of truth, honor and charity are entitled to recognition as brethren. When this greatly-to-be-desired medical millennium shall have been reached, the terms "regular" and "irregular" will have ho weight save as a distinction between the scientific practitioner and the charlatan, the honest man and the knave.

DR. FRANK NORBURRY, of Jacksonville, Ill., has succeeded Dr. James Moores Ball as editor of the *Medical Fortnightly*.

The Treatment of Colles's Fracture.

Richmond Journal of Practice.

Dr. Jacobson, in an article upon the above subject (*New York Medical Journal*), states that it is evident, upon simply viewing a Colles's fracture, that the deformity is not limited to the radial side of the forearm Inspecting either the anterior or posterior surface of the wrist, it is apparent that there is as much, if not more, abnormity on the ulnar as on the radial side. Experimental study has shown that the position of the ulna is so changed in this "fracture" that it is proper to describe the pathological condition as one of dislocation of the lower end of the ulna associated with fracture of the radius. Dr. Moore found the internal lateral ligament stripped from its styloid attachment and the triangular fibro-cartilage torn off. The ulna, freed from its ligamentous restraint, became entangled in the deep fasica known as the annular ligament. To this entanglement rather than the radial fracture he attributed the deformity produced. Dr. Moore also found that the tendon of the extensor carpi-ulnaris—which, passing through the annular ligament, is placed normally between the head of the bone and its styloid process—was thrown out of place in such a manner as to favor this entanglement of the ulna in the annular ligament and secure it in this position. In a paper presented to the profession ten years later, additional evidence was adduced corroborating these views.

Dr. L. S. Pilcher placed before the New York Academy of Medicine, at a meeting held May 16, 1878, the result of his experimental study. He demonstrated that the periosteum was not completely torn off from the posterior surface of the radius, but still remained attached to the upper fragment in its faulty position. Displacement of the lower end of the ulna was in every case apparent. The immobility of the ulna in its abnormal position was, he believed, the result of its fixation by the strong oblique fasciculus of the anterior ligament.

Although not agreeing as to the cause and persistence of the ulnar dislocation, both Moore and Pilcher are agreed that extension combined with pressure upon the fragments of the radius fails to overcome the deformity in Colles's fracture. But by first extending, then carrying the hand to the radial side and bringing it as far backward as possible, the ulna is released from its entanglement. Moore advised, further, to replace the tendon of the extensor carpi ulnaris, that the hand be swung from its backward position to the ulna side, then circumducted into a position of flexion. During this maneuver an assistant holds the forearm, and the hand of the patient is grasped by the corresponding hand of the surgeon. While the traction and manipulations are being carried out, the opposite hand of the surgeon is so placed that the thumb presses against the lower end of the ulna, thus forcing this bone upward and into place, and secures at the same time the return of the extensor carpi-ulnaris tendon to its proper position, if it be found misplaced.

For the purpose of completely relaxing the ligaments which are responsible for the displacement it is wise to administer an anæsthetic. Without it the operation is painful, and the patient unavoidably resists the surgeon, so that reduction is not as easily or satisfactorily accomplished.

That the first step in the treatment of a fracture is its reduction no one will deny. In the treatment of so-called Colles's fracture not only is this emphatically true, but, when once completely reduced, the displacement cannot be reproduced by any ordinary movement.

Most surgical works content themselves with stating that reduction of the fracture can be accompiished by extension combined with direct pressure upon the lower fragment, either with or without the aid of an anæsthetic. This procedure does not recognize the ulnar complication, and, therefore, fails to accomplish the desired result.

It is self-evident that no kind of splint or dressing can secure a good result for an unreduced Colles's fracture. Too much emphasis cannot be laid apon the fact that the

whole secret of success rests in the proper reduction of the fracture. Once properly reduced, it is a matter of no consequence whether an anterior or posterior splint, or both, be used, whether the splints be straight or pistol-shaped, whether they be simple in their construction or complicated mechanical contrivances.

Having reduced the so-called fracture, placed, as suggested by Dr. Moore, a single-headed roller bandage, two inches in length and half an inch in diameter, under the ulna from the pisiform bone upward, and secured this in place by an equally broad adhesive strap which encircles the wrist, the forearm is placed in a narrow sling; the hand, in a slightly prone position, overhangs the same, and by its own weight secures the ulna in its normal position. Some swelling follows the first dressing. It is, therefore, advisable to split the adhesive strap upon its dorsal surface immediately. After a few days no further swelling occurs, and a new dressing can be applied, which remains intact.

As a matter of fact, reduction having been accomplished, nature has provided us with the best kind of splint. The ulna lying at its side prevents any displacement of the fractured ends of the bone. All that is required is to place and secure the splint in its proper position. The reduction accomplished, the pad and strap, assisted by the position of the hand, secure this end. The patient is given to understand that the sling and pad must remain as placed.

In no other fracture is there such marked tendency to stiffness of the joints and infiltration into synovial coverings of the tendons. Splints, of whatever character, by their restriction of active and passive movements, favor the development of this condition. This has been recognized by surgeons who use splints or fixed dressings, and many of them now advise their daily removal after the second week to permit passive movements, and their complete removal after twenty days. The author advises the patient to move his fingers daily as much as he pleases, and after the first week he institutes passive wrist movements. There is no pain during the after treatment. The freedom from pain he regards as indicative of complete reduction. If pain persists after Colles's fracture, the writer believes the reduction is incomplete. After three, or at most, four weeks the dressing is removed, and the patient finds himself able to use the injured extremity as before and with complete freedom from stiffness or non-use of the extremity.

Europhen in Rhus Poisoning.

The Times and Register.

At this season of the year the physician practising in the country or in one of our numerous summer resorts is frequently called upon to treat cases of dermatitis venenata, or cutaneous inflammation due to the poison ivy or poison sumach. As is well known some persons are especially susceptible to this affection, which is of an eczematous character. There is marked swelling or edema of the affected parts and an intolerable sensation of itching and burning, and the patient's efforts to relieve these by scratching and rubbing, add to the existing irritation and produce extension of the inflammation.

Among the favorite methods of treatment of rhus poisoning are lotions of carbolic acid, acetate of lead, grindelia, zinc phosphate, but recently Dr. W. R. D. Blackwood, of Philadelphia, has called attention to the relief he has himself experienced in this affection from the use of europhen. "Some years ago," he writes in the *Charlotte Medical Journal*, June, 1895, "after being fireproof to this disagreeable complaint I got a dose which made life a torment for awhile. As I had quite a number of surgical cases on hand just then I was handicapped and wished that all such plants as the rhus family were relegated to the center of Africa. With this trouble in memory, last year I got hold of a bad case of poisoning through sumach, and as an experiment I tried europhen, and with the most satisfactory success. Let me urge my friends to try this when the summer brings out the new crop of poisoning of this variety." The value of europhen in various affections of the skin has been established by numerous observations, and it is, therefore, well deserving of a trial in cases of so-called ivy poisoning. For this purpose it may be employed in a 10 to 30 per cent. ointment with vaseline, a solution of the same strength in almond oil or a dusting powder with talcum varying from 25 to 50 per cent., according to the degree of cutaneous irritation present.